

Registration Form

Town of Florence Parks and Recreation

Please fill out form completely. One form per family. Please read registration information before registering.

☐ Check here if this is a new address

Parent/Guardian Information (please print)

Last Name:		First Name:	
Mailing Address:		City:	Zip:
Home Phone #:	Work #:	Emergency Contact and phone #:	
E-Mail Address:			

Participant's Information (please print)

First:		Last:		Class Code	Program Name	Program Date	Time	Fee	Office Use Only
Age:	Circle One: Male Female	Birthdate: / /							
*FOR SPORTS ONLY- Shirts sizes are normally- Youth Sizes 6-8, 9-10, 11-12- Adult Sizes: Small, Medium, Large, XL, XXL Please list t-shirt size: _____									

Participant's Information- additional child (please print)

First:		Last:		Class Code	Program Name	Program Date	Time	Fee	Office Use Only
Age:	Circle One: Male Female	Birthdate: / /							
*FOR SPORTS ONLY- Shirts sizes are normally- Youth Sizes 6-8, 9-10, 11-12- Adult Sizes: Small, Medium, Large, XL, XXL Please list t-shirt size: _____									

Emergency Medical Release (For Participants Under 18 Years of Age)

I declare that I am the parent or legal guardian of the above named participant(s). I have full custody and control of the child. To the best of my knowledge my child is in good health and is adequately immunized to participate in the Town of Florence Parks and Recreation Programs. In the event that my child is injured or should require medical attention, I hereby request you to contact our family physician. In the event that the Doctor cannot be reached I hereby authorize that staff and/or volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the above listed numbers. In case I cannot be reached for an emergency, medical treatment, X-rays, injections, anesthesia or surgery a qualified physician may proceed without further authorization.

****Signed (parent/guardian)**

Date (SEE BELOW)

Liability Waiver (No registration will be accepted without a signed waiver)

In consideration of the opportunity afforded myself and/or my child by the Town of Florence Parks and Recreation Department, I hereby release the Town of Florence, and the members of its Council, its employees and volunteers from all actions, damages, claims and demands, in law or in equity of every kind and character I may now or hereafter have against them.

****Signed (parent/guardian or participant)** _____ **Date** _____

Form of payment:	Credit Card:	Total Enclosed \$
Check #	(circle one: Visa MasterCard Discover American Express)	